



| Operator | Name | | |
|---|---|----------------------------------|--|
| | Place in which the operator is established or residing | | |
| | Place from which the operations are directed | | |
| | Name and contact details of the accountable manager | | |
| | Address | | |
| | Phone number | E-mail | |
| Continuing airworthiness management organisation in accordance with regulation (EU) 2019/1383 | Organisation name | | |
| | Address | | |
| | Approval reference (as per EASA Form 14) | | |
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| Aircraft operation | Starting date of operation | Applicability date of the change | |
| | Type(s) of operation: Part-NCC: (specify if passenger and/or cargo) | | |
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| | Part-SPO: (specify which type of activity) | | |
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| | Type(s) of aircraft, registration(s), Main base | | |
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| | Details of approvals held (attach list of specific approvals to the declaration, if applicable) | | |
|------------|---|--|--|
| | Details of specialised operations authorisation held (att.) List of alternative means of compliance with references | ach authorisations, if applicable) | |
| Statements | The management system documentation including | the operations manual reflect the applicable requirements set out in | |
| | Part- ORO, Part-NCC, Part-SPO and Part-SPA. | rocedures and instructions specified in the operations manual. | |
| | All aircraft operated hold a valid certificate of airworthiness and comply with Commission Regulation (EU) 2019/1383 All flight crew members and cabin crew members as applicable, are trained in accordance with the applicable requirement (If applicable) The operator has implemented and demonstrated conformance to an officially recognised industry standard. Reference of the standard: | | |
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| | Certification body: Date of the last conformance audit: | | |
| | Date of the last conformance audit: Any change in the operation that affects the information disclosed in this declaration will be notified to the Finnish Aviation Authority. The operator confirms that the information disclosed in this declaration is correct. | | |
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| Signature | Date | Signature of the accountable manager | |